

## **Supplemental Application Data Sheet**

### **Application Information**

Application number::	10/715,868
Filing Date::	11/17/03
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title::	West Nile Virus Vaccine
Attorney Docket Number::	06132/075002
Request of Early Publication?::	No
Request of Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	1
Small Entity?::	Yes
Petition Included?::	No
Petition Type::	

Licensed US Govt. Agency:: National Institute of Allergy and Infectious Diseases (NIAID)  
Contract or Grant Numbers:: 5R01AI048297-03  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Juan  
Middle Name::  
Family Name:: Arroyo  
Name Suffix::  
City of Residence:: Rockville  
State or Province of Residence:: MD  
Country of Residence::  
Street of mailing address:: 1014 Grand Champion Drive  
City of mailing address:: Rockville  
State or Province of mailing address:: MD  
Country of mailing address::  
Postal or Zip Code of mailing address:: 20850

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity

Given Name:: Charles  
Middle Name::  
Family Name:: Miller  
Name Suffix::  
City of Residence:: Lynn  
State or Province of Residence:: MA  
Country of Residence::  
Street of mailing address:: 183 Euclid Avenue  
City of mailing address:: Lynn  
State or Province of mailing address:: MA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 01904

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: John  
Middle Name:: Avram  
Family Name:: Catalan  
Name Suffix::  
City of Residence:: Newton  
State or Province of Residence:: MA  
Country of Residence::  
Street of mailing address:: 44 Irving Street

City of mailing address:: Newton

State or Province of mailing address:: MA

Country of mailing address::

Postal or Zip Code of mailing address:: 02459

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Thomas

Middle Name:: P.

Family Name:: Monath

Name Suffix::

City of Residence:: Harvard

State or Province of Residence:: MA

Country of Residence::

Street of mailing address:: 21 Finn Road

City of mailing address:: Harvard

State or Province of mailing address:: MA

Country of mailing address::

Postal or Zip Code of mailing address:: 01451

### **Correspondence Information**

Correspondence Customer Number:: 21559

### **Representative Information**

Representative Customer Number:: 21559

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/426,592	11/15/02

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
WO	PCT/US03/36623	11/13/03	YES

**Assignee Information**

Assignee name::	Acambis Inc.
Street of mailing address::	38 Sidney Street
City of mailing address::	Cambridge
State of Province of mailing address::	MA
Country of mailing address::	
Postal or Zip Code of mailing address::	02139